

Student's Name: \_\_\_\_\_

Grade/Element: \_\_\_\_\_

Sport: \_\_\_\_\_

Gender: \_\_\_\_\_

PLEASE FILL OUT THE ENTIRE PACKET. THE FRONT AND BACK OF EACH PAGE  
NEEDS TO BE COMPLETELY FILLED OUT. INCOMPLETE PACKETS WILL BE SENT  
BACK.



# 2022/2023 Athletics Packet



## ATHLETIC / EXTRACURRICULAR PARTICIPATION AND PERMISSION FORM

*To be completed by Parent/Guardian and Student (as applicable):*

PARTICIPANT AND EMERGENCY INFORMATION						
Student Full Name:				BASIS Campus:		
Home Address:						
Parent/Guardian Name:			Email:			
Home Phone:		Work Phone:		Cell:		
Emergency Contact 1:		Relationship:	Phone:	Email:		
Emergency Contact 2:		Relationship:	Phone:	Email:		
HEALTH INSURANCE INFORMATION						
Student's Primary Care Physician:				Phone Number:		
Health Insurance Company:				Policy Number:		
Health Insurance Company Phone:				Member Number:		
Activity Name (Herein referred to as ACTIVITY):						
MEDICAL ACKNOWLEDGMENT AND RELEASE - READ CAREFULLY						
<ol style="list-style-type: none"> <li>1. Physician's orders and written parent/guardian permission are required for all prescription medication to be administered to the student by BASIS staff member(s) during the ACTIVITY.</li> <li>2. Over-the-counter medication may be carried and self-administered by the student ONLY with written parent/guardian permission.</li> <li>3. All paperwork for both over-the-counter and prescription medications must be submitted to the School Office for verification at least on or before the first scheduled practice or event for the ACTIVITY.</li> <li>4. All medication, including over-the-counter, must be supplied by the parent/guardian. BASIS does NOT supply any medication.</li> <li>5. ALL over-the-counter medication must be provided in its original container and contain only the amount of medication needed during the ACTIVITY.</li> <li>6. ALL prescription medication must be provided in the pharmacy-dispensed and labeled prescription container with no more medication than what is required for the duration of the ACTIVITY.</li> </ol>						
MEDICAL CONDITIONS: Describe any medical condition/s or special needs for the student named above:						
List any medications required during the ACTIVITY:		Over-the-Counter	Prescription	Dosage	Frequency/ Time to Administer	Quantity Provided



**READ CAREFULLY:**

1. I hereby DO  Do NOT  (check one) consent to the administration of the medications listed above to my student. By consenting, I agree to hold BASIS harmless from any liability regarding my student's medication.
2. I hereby DO  Do NOT  (check one) consent to my student carrying and self-administering the medications listed above. By consenting, I agree to hold BASIS harmless from any liability regarding my student's medication.
3. If authorizing my student to carry and self-administer either over-the-counter or prescription medication, I am accepting complete responsibility for my student's actions with regard to the medications for the duration of the ACTIVITY. I certify that my student understands how to appropriately carry, self-administer, and secure the over-the-counter and/or prescription medication listed on this paperwork.
4. I understand that I must complete the school's medication administration form in its entirety for any and all over-the-counter medication. I further understand that written approval and directions from the prescribing physician is required for prescription medication.
5. I understand that all over-the-counter medication must be provided in the original manufacturer's container and prescription medication must be provided in the pharmacy-dispensed and labeled prescription container.
6. I consent to the release of my student's medical condition(s) information (i.e., diabetes, severe allergy, asthma or seizure) to one or more chaperone or coaches (who may or may not be school staff members) of the ACTIVITY if it is in the best interest of my student.
7. I confirm that my student is current on all immunizations and vaccinations, including those required for the ACTIVITY.

**RISK ACKNOWLEDGMENT, PARENT/GUARDIAN PERMISSION & RELEASE – READ CAREFULLY!**

1. I understand that my student's participation in the ACTIVITY is voluntary, not required, and that there will be exposure to activities involving risks of illness, serious injury, or even death. I have read and understand the description of the ACTIVITY, and I give my permission for my student to fully participate in all aspects of the ACTIVITY.
2. I specifically assume all risks and hazards associated with my student's participation in the ACTIVITY associated with the novel COVID-19 virus. I understand that despite precautions taken by the School to mitigate the risk of transmission of COVID-19, such transmission may still occur and could be spread from my student to me and other members of my household.
3. I understand that there will be times during the ACTIVITY when my student will not be under the direct supervision of the ACTIVITY coach or an adult chaperone and that it will be necessary for my student to use his/her independent judgment in such situations for which BASIS will not be responsible.
4. I understand that BASIS will not be responsible for any personal property or equipment that may become lost or damaged during my student's participation in this ACTIVITY.
5. I authorize and give permission for my student to receive first aid, emergency medical care and transport, medical treatment, and all other care deemed reasonably necessary for my student's health and wellbeing in case of accident, injury, or serious illness during the ACTIVITY. I understand that I will be responsible for any associated medical bills, fees or costs incurred.
6. I understand that all BASIS school rules, regulations and policies apply during this ACTIVITY and that parents/guardians may be responsible for transportation to and/or from the ACTIVITY on the dates provided if necessary.
7. I further agree that, as the parent and/or guardian of the student identified below, to the fullest extent allowed by law, I will forever release, hold harmless, and indemnify BASIS from and against any and all responsibility or liability, including negligence, for injuries, illness (including Covid-19), damages, property loss, or other harm, including death, sustained by my student, myself, or my household/family, while participating in this ACTIVITY, including costs, expenses, and attorneys' fees. I, on my own behalf and as the parent and/or guardian, agree not to make a claim against or sue BASIS for injuries, illness, damages, property loss, or other harm, including death, relating to my student's involvement in this ACTIVITY.

**STUDENT AGREEMENT**

1. While participating in the ACTIVITY, I will act responsibly, follow directions, maintain good conduct, and follow all school rules and policies at all times during this ACTIVITY.
2. I will respect the property of others and will not damage or take another person's property.
3. I will be on time for all scheduled activities.



Student Printed Name:	Date:
Student Signature:	Date:

**PARENT/GUARDIAN AGREEMENT AND PERMISSION**

I have read and understand the description of the **ACTIVITY**, which begins on \_\_\_\_\_ (mm/dd/yyyy) and ends on \_\_\_\_\_ (mm/dd/yyyy). I have carefully read this document and fully understand its content. I am aware this is a full waiver, indemnification, and release of liability, and a contract between me and BASIS and I am signing it of my **own free will. It is agreed and understood that in the event** of any dispute concerning this agreement, suit may be brought only in a court of competent jurisdiction in the State of Arizona. I give permission for my student to fully participate in the activity described above and acknowledge and agree to all of the conditions, statements, disclaimers and releases in this form.

As used herein, "BASIS" refers collectively to BASIS Charter Schools, Inc., BASIS Educational Group, LLC, BDC, A Public Charter School, Inc., BASIS Texas Charter Schools, Inc., BBR Schools, Inc., and all affiliated entities and their respective managers, agents, successors, and assigns.

Parent/Guardian Printed Name:	Date:
Parent/Guardian Signature:	Date:



## BASIS Phoenix Athletics

### Student Athlete Contract

#### Conduct:

- You are Expected to follow the GHMSL/AIA rules and the rules of the BASIS Phoenix Guidebook and Parent/Student Handbook.
- This includes zero tolerance for the use of alcohol, tobacco and illegal drugs.
- Avoid situations that put you and your eligibility at risk.
- **NO unsportsmanlike** conduct by parents or players towards BASIS Phoenix players, opposing teams, coaches and officials will be tolerated at any time.

#### Classroom Behavior:

- Your behavior in the classroom should be exemplary and that of a model student. You are a student **first** and an athlete second.

#### Academic Eligibility Expectations:

- All players must maintain their graders in order to play.
  - a. If a player has a C, they are required to attend student hours for that class.
  - b. If a player has a D-, they can practice (if it doesn't interfere with student hours), but cannot play in games.
  - c. If a player has an F or a D in two or more classes, they will not be allowed to participate in practices or games until their grade is improved.
- Please keep athletics in perspective. Remember, you are in school to get an education, please take full advantage of this opportunity.
- Notify your teachers 48 hours in advance when you will be leaving early, or missing, a class due to a sporting event.
- Prepare for any work that will be missed in advance.
- Ineligibility list will come out semi-weekly.
- Students must be present for at least a half day of school to participate in practice or games.

*By signing below, I agree to the expectations of a BASIS Phoenix student athlete. If I fail to follow the rules set by both the Head of School, Athletic Director and Coach, I understand that I may lose the opportunity to participate.*

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### **Sports That Require Students to be Pulled Early from School**

While BASIS Phoenix is thrilled with the growth of the Athletics Department and the many new sports being offered, it has presented new challenges. Below is a list of sports that require students to be pulled from class to make certain games on time. Note, some of the sports that are not listed may have a few rare cases of being pulled early. However, these are the major ones to pay attention to. If your child plans on participating in any of the below sports, it may be wise to think about not taking AP courses during 8<sup>th</sup> period or developing strategies to keep students on track. At the end of the day, academics come first. Please do not hesitate to reach out to the Academic Support team, coaches and the BASIS Phoenix Athletic Director to discuss the best plans to balance academics and athletics.

#### **Fall Sports**

Varsity (9<sup>th</sup>-12<sup>th</sup> grade) Cross Country: In addition to weekend races, there will be a few (3-4) races during the week. Due to park's packed schedules, these races can start anywhere between 3:30pm-7pm. Sectionals takes place at 12pm during a weekday. These races will require students to miss class time.

Varsity Swim Team (9<sup>th</sup>-12<sup>th</sup> grade): There are 3 matches in Chandler that start at 4:00pm. Students will need to be pulled early to attend those matches. There are 4 "home" matches at Melrose Pool that start at 4pm. Melrose Pool is 5 minutes away. Students are not required to be pulled from class early, but it should be noted that they will have limited time to get to the location on-time for warmups.

Junior High (6<sup>th</sup>-8<sup>th</sup> grade) Golf: Golf courses have limited availability, therefore, schools are required to hold matches as early as 3:30.

#### **Winter Sports**

Boys and Girls Varsity (9<sup>th</sup>-12<sup>th</sup>) Soccer: Due to a lot of small schools not having lights on their fields and the sun setting around 5:30pm during the Winter Season, a couple of games (~2) that require being pulled from 8<sup>th</sup> period.

#### **Spring Sports**

Varsity (9<sup>th</sup>-12<sup>th</sup> grade) Golf: Golf courses have limited availability, therefore, schools are required to hold matches as early as 3:30.

Varsity (9<sup>th</sup>-12<sup>th</sup> grade) and Junior High (6<sup>th</sup>-8<sup>th</sup> grade) Tennis: Most small schools don't have tennis courts so we are at the mercy of public tennis courts. This means teams will often be required to compete at 3:30pm.

Junior High Swim (6<sup>th</sup>-8<sup>th</sup> grade): The schedule has not been released yet. However, most meets will be at Phoenix Country Day School which is nearby.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## BASIS Phoenix Athletics

### Process for Leaving Early/ with a Carpool

**Read and Sign that you understand the following:**

- If missing class or leaving early, students must inform the Registrar at least 48 hours in advance at **BASISPhoenixAttendance@basised.com**.
- If you are carpooling with another student, **e-mail the Registrar who will be picking you up** at least 48 hours in advance. The school cannot legally release students to anyone besides their parent/guardian without explicit written permission. Email: **BASISPhoenixAttendance@basised.com**.
- If your event will have you miss class(es), you must **contact your teachers about the competition/event at least one week in advance.**

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# BASIS Phoenix Athletics Uniform Agreement

(Please circle):

**Junior High School Athlete      High School Athlete**

Please only wear the uniform to games and not to practice or anywhere else.  
When returning the uniform, make sure it is clean and stain free and in good condition.

I promise to return said uniform in good condition up to one week after the season is complete. If the uniform is not returned in good condition or is lost, then I understand that my Blackbaud account will be charged for the cost of the uniform.

\_\_\_\_\_  
**Player Name (Print)**                      **Gender**                      **Grade**

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Date**

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## **BASIS Phoenix Athletics Apparel Information**

(Please circle):

**Junior High School Athlete**

**High School Athlete**

Athletes in every sport will be given an athletics warm up t-shirt to keep (already included in the sports fee). Please remember when you are wearing your school gear, you are representing your school and team. Do your best to wear your warm up shirt to school and during warmups with pride on game days! Please mark down the size based on the following sizes.

**Size Options: Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult XL, Adult 2XL.**

\_\_\_\_\_  
**Player Name (Print)**

\_\_\_\_\_  
**Gender**

\_\_\_\_\_  
**Grade**

**Sport:** \_\_\_\_\_

**T-shirt Size:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



## TRANSPORTATION PERMISSION FORM

### Return form by:

<b>Activity Name:</b> BASIS Phoenix Athletics	<b>Date of Activity:</b> Circle Seasons permission is given: Fall: 8/3/22-11/5/22 Winter: 10/31/22-2/17/23    Spring: 2/06/23-5/13/23
<b>Destination:</b> Away School/venue	<b>Times (From/to)</b> After School
<b>Activity Organizer's Name:</b> BASIS Phoenix Athletic Director/Coach	
<i>Students must meet at the school for all school sponsored trips.</i>	

<b>Student Name:</b>	<b>Grade/Element:</b>
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In case of an emergency, please contact:

<b>Name:</b>	<b>Relationship:</b>
<b>Cell Phone:</b>	<b>Alternate Phone:</b>

**I am willing to transport other students:**     Yes     No

If volunteering as a driver, I agree to provide the school with proof of insurance, a valid drivers license and return with the Volunteer Driver form by the date stipulated above.

**I give permission for my child to participate in the activity described above, and to be transported by one of the following:**

- Adult/Parent Volunteer Driver
- Student Volunteer Driver      Student driver name (if known): \_\_\_\_\_
- either Adult or Student driver

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

*Notice of Non-Discrimination: In accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title II of the Americans with Disabilities Act of 1990, the Boy Scouts of America Equal Access Act and applicable state law, BASIS\* does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, age, disability or any other classification protected by law in any of its business activities, including its educational programs and activities which comply fully with the requirements of state and federal law and Title IX. The following person has been designated to handle inquiries regarding BASIS' non-discrimination policies: Kate Gottfredson, Director, Research, Civil Rights, ESS, BASIS Educational Group, LLC., 10130 North Oracle Road, Suite 210, Tucson, AZ 85704, 520.219.600. \*As used in this policy, the term "BASIS" refers to: BASIS Educational Group, LLC, BASIS Schools, Inc., and their affiliated entities.*



Please use separate form for each activity and for each student			
Activity:	<b>Tax Credit Designation</b>		Total Activity Payment
	Amount designated as Tax Credit	Amount NOT designated as Tax Credit	
Cost:	\$	\$	\$
Student Name (print):		Grade/Group:	
Parent/Guardian Name (print):		Email:	
Cell Phone:	Daytime Phone:	Home Phone:	

**BASIS Charter School Expectations:**

**Academic:** In order to qualify for any extracurricular activity students must maintain their level of academic achievement. If a student is placed on Academic Probation (see Parent/Student Handbook) by the Director of Student Affairs, the student may not be permitted to continue participation in the extracurricular program.

**Discipline:** Students must abide by both the Code of Conduct and Discipline Policies (see Parent/Student Handbook) and the specific rules set by the Activity Manager. The school reserves the right to exclude students from the activity for disruptive behavior or other misconduct.

**Late Pickup:** Parents/Guardians are expected to pick their student up at the conclusion of the activity session. If a student is not picked up on time, the student will be supervised by the Late Bird program manager until the parent/guardian arrives, and the parent/guardian will be charged the Late Bird fee for this time. In the case of multiple occurrences of late pick up (more than twice during the school year for any extracurricular activity) the student may be excluded from future sessions.

**Transportation Waiver:** BASIS Charter Schools do not provide transportation. Parents/Guardians are responsible for arranging transportation for students to and from activities.

**Financial:** If there is insufficient enrollment for this activity by the fee collection deadline the activity will be canceled and collected money returned or applied to another activity at the parent/guardian's request.

**Refunds:** The extracurricular payment IS NONREFUNDABLE FOR ANY REASON. This includes but is not limited to the following: an absence, an academic or non-academic (BASIS or non-BASIS) engagement, a withdrawal from the school, or a discipline or academic problem which resulted in exclusion from the program.

**Arizona Tax Credit:** You may use Arizona Tax Credit to pay extracurricular fees. Please indicate the amount you wish to designate for tax credit in the space provided. The tax credit designation cannot be modified once this Extracurricular registration form is submitted and payment has been made through Smart for Charters. According to Arizona law (A.R.S.) §43-1089.01, the total amount of credit for the taxable (calendar) year for contributions made to a public school in the state supporting extracurricular activities or character education programs is limited. Taxpayers who file a tax return as single or head of household can contribute up to \$200. Married couples filing a joint tax return can contribute up to \$400. If married taxpayers file separate returns, each spouse can claim up to \$200 on each return. Contributors should review the Arizona Tax Credit Instructions or the Tax Credit Commonly Asked Questions for further information. Please contact the office with questions that are not addressed in this document. The Arizona Tax Credit can also be used to support the general extracurricular expenses (without designating a fee for specific student or activity). If this is not intended as a tax credit payment to cover your student's fee but a general tax credit donation please visit the "Support Us" page of your BASIS Charter School website.

**Payment:** All Payments to BASIS Charter Schools are made through Smart for Charters.

***My signature certifies that I have read and understand the expectations stated above.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Please use separate form for each activity and for each student			
Activity:	<b>Tax Credit Designation</b>		Total Activity Payment
	Amount designated as Tax Credit	Amount NOT designated as Tax Credit	
Cost:	\$	\$	\$
Student Name (print):		Grade/Group:	
Parent/Guardian Name (print):		Email:	
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***My signature certifies that I have read and understand the expectations stated above.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Please use separate form for each activity and for each student			
Activity:	Tax Credit Designation		Total Activity Payment
	Amount designated as Tax Credit	Amount NOT designated as Tax Credit	
Cost:	\$	\$	\$
Student Name (print):		Grade/Group:	
Parent/Guardian Name (print):		Email:	
Cell Phone:	Daytime Phone:	Home Phone:	

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**Payment:** All Payments to BASIS Charter Schools are made through Smart for Charters.

**My signature certifies that I have read and understand the expectations stated above.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Arizona Interscholastic Association, Inc. Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and Acknowledgement Form

I, \_\_\_\_\_ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

### By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or legal guardian must print and sign name below and indicate date signed:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2022-23 CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), \_\_\_\_\_ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

### PLEASE PRINT LEGIBLY OR TYPE

"I, \_\_\_\_\_, the undersigned, am the parent/legal guardian of, \_\_\_\_\_, a minor and student-athlete at \_\_\_\_\_ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## 2022-23 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete) Exam Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Grade: \_\_\_\_\_  
School: \_\_\_\_\_  
Sport(s): \_\_\_\_\_  
Personal Physician: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

In case of emergency contact:  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
-----  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_

Explain "Yes" answers on the following page.  
Circle questions you don't know the answers to.

	<b>Y</b>	<b>N</b>
1) Has a doctor ever denied or restricted your participation in sports for any reason?		
2) Do you have an ongoing medical conditional (like diabetes or asthma)?		
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____		
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____		
5) Does your heart race or skip beats during exercise?		
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure      A Heart Murmur      High Cholesterol      A Heart Infection		
7) Have you ever spent the night in a hospital?		
8) Have you ever had surgery?		
9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)		
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):		
11) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below):		
Head                      Neck                      Shoulder                      Upper Arm                      Elbow                      Forearm		
Hand/Fingers              Chest                      Upper Back                      Lower Back                      Hip                      Thigh		
Knee                      Calf/Shin                      Ankle                      Foot/Toes		





**Y N**

- 12) Have you ever had a stress fracture?
- 13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?
- 14) Do you regularly use a brace or assistive device?
- 15) Has a doctor told you that you have asthma or allergies?
- 16) Do you cough, wheeze or have difficulty breathing during or after exercise?
- 17) Is there anyone in your family who has asthma?
- 18) Have you ever used an inhaler or taken asthma medication?
- 19) Were you born without, are you missing, or do you have a non-functioning kidney, eye, testicle or any other organ?
- 20) Have you had infectious mononucleosis (mono) within the last month?
- 21) Do you have any rashes, pressure sores or other skin problems?
- 22) Have you had a herpes skin infection?
- 23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?
- 24) Have you ever had a seizure?
- 25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?
- 26) While exercising in the heat, do you have severe muscle cramps or become ill?
- 27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 28) Have you ever been tested for sickle cell trait?
- 29) Have you had any problems with your eyes or vision?
- 30) Do you wear glasses or contact lenses?
- 31) Do you wear protective eyewear, such as goggles or a face shield?
- 32) Are you happy with your weight?
- 33) Are you trying to gain or lose weight?
- 34) Has anyone recommended you change your weight or eating habits?
- 35) Do you limit or carefully control what you eat?
- 36) Do you have any concerns that you would like to discuss with a doctor?

**Females Only**

**Explain "Yes" Answers Here**

	<b>Y</b>	<b>N</b>
37) Have you ever had a menstrual period?		
38) How old were you when you had your first menstrual period?		_____
39) How many periods have you had in the last year?		_____



## 2022-23 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

The physician should fill out this form with assistance from the parent or guardian.)

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Patient History Questions: Please Tell Me About Your Child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?		
2) Has your child ever had extreme shortness of breath during exercise?		
3) Has your child had extreme fatigue associated with exercise (different from other children)?		
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?		
5) Has a doctor ever ordered a test for your child's heart?		
6) Has your child ever been diagnosed with an unexplained seizure disorder?		
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?		

### Explain "Yes" Answers Here

### COVID-19...

	Y	N
1) Has your child been diagnosed with COVID-19? 1a) If yes, is your child still having symptoms from their COVID-19 infection?		
2) Was your child hospitalized as a result for complications of COVID-19?		
3) Has your child been diagnosed with Multi-Inflammatory Syndrome in Children (MIS-C)?		
4) Did your child have any special tests ordered for their heart or lungs or were referred to a heart specialist (cardiologist) to be cleared to return to sports?		
5) Has your child returned back to full participation in sports?		
6) Has your child had direct or known exposure to someone diagnosed with COVID-19 in the past 3 months? 6a) Was your child tested for COVID-19?		
7) Did your child receive the COVID-19 vaccine? 7a) What was the manufacturer of the vaccine? _____ 7b) Date of vaccination(s) _____		

### Explain "Yes" Answers Here

## Patient Health Questionnaire Version 4 (PHQ-4)

Over the last two weeks, how often have you been bothered by any of the following problems? (circle responses)

	Not At All	Several Days	Over Half The Days	Nearly Every Day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

If you score a sum of 3 or greater on either questions 1 and 2, or 3 and 4, you may have anxiety or depression that is affecting you more than normal. In this case, it is recommended that you talk to a trusted health care provider such as your primary care physician, your athletic trainer at school, or a counselor at school. If there is not someone you feel comfortable talking to or you are interested in learning more to help yourself or a friend, please use the resources provided below.

For more information regarding student-athlete mental health:  
[Quiet Suffering - A Resource for Student-Athlete Mental Health](https://spark.adobe.com/page/lltwyoLpTAp0V/)  
[spark.adobe.com/page/lltwyoLpTAp0V/](https://spark.adobe.com/page/lltwyoLpTAp0V/)

Teen Lifeline Call and Text Crisis Line  
 (602) 248-8336 (TEEN)

Outside Maricopa county call: 1-800-248-8336 (TEEN)

Hours are: Call 24/7/365 | Text weekdays 12-9 p.m. & weekends 3-9 p.m. | Peer counseling 3-9 p.m. daily

Crisis text line: Text HOME to 741741 to connect with a crisis counselor

National Suicide Prevention Lifeline  
 1-800-273-8255 or [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)

The Trevor Lifeline  
 866-488-7386 (for gender diverse youth)

**Family History Questions: Please Tell Me About Any Of The Following In Your Family...**

	Y	N		Y	N
1) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents drowning or near drowning)					
2) Are there any family members who died suddenly of "heart problems" before age 50?					
3) Are there any family members who have unexplained fainting or seizures?					
4) Are there any relatives with certain conditions, such as:					
<b>Y</b>		<b>N</b>		<b>Y</b>	<b>N</b>
Enlarged Heart			Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)		
Hypertrophic Cardiomyopathy (HCM)			Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)		
Dilated Cardiomyopathy (DCM)			Marfan Syndrome (Aortic Rupture)		
Heart Rhythm Problems			Heart Attack, Age 50 or Younger		
Long QT Syndrome (LQTS)			Pacemaker or Implanted Defibrillator		
Short QT Syndrome			Deaf at Birth		
Brugada Syndrome					

**Explain "Yes" Answers Here**

**I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.**

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Signature of Student-Athlete                          Signature of Parent/Guardian                          Date

\_\_\_\_\_    \_\_\_\_\_

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP                          Date



## 2022-23 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_  
 BP: \_\_\_\_ / \_\_\_\_ (\_\_\_\_ / \_\_\_\_, \_\_\_\_ / \_\_\_\_)  
 Corrected: Y N  
 Vision: R20/\_\_\_\_ L20/\_\_\_\_  
 Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials *
<b>Medical</b>			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

\* - Multi-examiner set-up only | & - Having a third party present is recommended for the genitourinary examination

**NOTES:**

Cleared Without Restriction

Cleared With Following Restriction: \_\_\_\_\_

Not Cleared For: All Sports Certain Sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of:

Recommendations: \_\_\_\_\_

Name of Physician (Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP